

No-Claim Liability Certificate

Certificate Number: [_____]

Date of Issue: [_____]

To Whom It May Concern,

This is to certify that **[Employee/Consultant/Client Name]**, holding the position/designation of [_____] with **[Company Name]** (hereafter referred to as "the Company"), has not made, reported, or filed any claim and has no outstanding liability with respect to their engagement/employment/association with the Company as of the date of this certificate.

Period of Association:

From: [_____] To: [_____]

This certificate is issued at the specific request of the aforementioned individual/party for whatever purpose it may serve.

Authorized Signatory

Name: _____

Designation: _____

Date: _____

Company Seal/Stamp

Important Notes

- This certificate is valid only as of the date of issue indicated above.
- It is intended solely for confirming the absence of any claim or liability with the Company.
- Falsification or unauthorized use of this certificate may lead to legal consequences.
- The Company is not liable for any actions taken based on reliance on this certificate beyond its valid date and scope.
- For further verification, the recipient may contact the Company's HR or Legal Department.